

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



December 11, 1996

ALL COUNTY LETTER 96-68

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR TRANSMITTAL

- ☐ State Law Change
- ☒ Federal Law Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

SUBJECT: INSTRUCTIONS FOR ESTABLISHING QUALIFYING QUARTERS OF SOCIAL SECURITY COVERAGE FOR APPLICANT NON-CITIZENS ADMITTED FOR PERMANENT RESIDENCE

This letter provides County Welfare Departments (CWDs) with specific guidance for implementing the provisions of Public Law 104-193, the Personal Responsibility and Work Opportunity Act of 1996, pertinent to establishing qualifying quarters of work history for non-citizens admitted for permanent residence. These instructions were provided by the United States Department of Agriculture, Food and Consumer Service (FCS) to provide clarification of the requirement to establish qualifying quarters for those non-citizens admitted for permanent residence who would otherwise be ineligible to receive food stamp benefits. The exception provides eligibility for non-citizens admitted for permanent residence who have worked or can be credited with 40 quarters of qualified employment covered by Social Security. The law also allows quarters credited to a parent or spouse of an applicant to be credited to that applicant in determining the number of qualifying quarters. Refer to Manual Section 63-405 in the Emergency Regulations package transmitted to CWDs on November 13, 1996.

In conjunction with FCS, the Social Security Administration (SSA) is currently developing an automated system to provide information on quarters of coverage to state agencies. Verification of quarters of coverage for most applicants and recipients will be accomplished primarily by means of this automated system which SSA expects to be operational in January, 1997. Pending this system becoming operational, per FCS directive, CWDs are to use the following procedure for processing the applications of households containing non-citizens admitted for permanent residence.

Certification Pending Verification (CPV) for Non-Citizens Admitted for Permanent Residence

The following procedures are for legal immigrants who believe that they have sufficient work history to satisfy the 40 qualifying quarters exception. These procedures need not be followed for those legal immigrants who qualify for other exceptions (refugees, asylees, those individuals for whom deportation has been withheld, or legal immigrants with a claim to eligibility based on military service).

To determine eligibility based on qualifying quarters of Social Security coverage, CWDs must ascertain the following:

1. For how many years has the applicant, the applicant's spouse, and/or the applicant's parents (prior to the applicant reaching age 18) lived in this country?
2. In how many of the above referenced years did the applicant, their spouse, and/or their parent(s) earn money by working in this country?

(To determine whether the applicant's, their spouse's, and/or their parent's earnings were sufficient to establish qualifying quarters of Social Security coverage for specific years, CWDs should refer to Attachment I.)

If the applicant, in response to #2 above, states that they have [in combination with their spouse or parent(s)] sufficient quarters of qualifying coverage, the CWD shall verify, using Immigration and Naturalization Service documentation, the date of entry into the country of the applicant, their spouse, or parent(s). If the dates are consistent with the reported years of employment, no further documentation is required at that time and the immigrant shall be included in the household pending verification from SSA. The CWD shall inform these immigrants that an overissuance claim will be established for any benefits received to which they were not entitled. The CWD shall keep a record of each individual certified pending verification from SSA.

If the dates of entry are inconsistent with the quarters of work reported, the CWD shall determine the individual ineligible. The CWD shall inform such individuals of their fair hearing rights.

The applicant shall also provide, for purposes of future verification, the full name, social security number, date of birth, and sex of each individual [applicant, their spouse, or their parent(s)] whose work history is relevant to the determination of eligibility. In addition, the applicant shall provide a release form signed by each such individual (Attachment II) giving SSA permission to release information on that individual to the CWD and/or the applicant. This form shall be retained in the case record to document the individual's consent.

Within three months of the SSA system becoming operational, CWDs shall submit the required information for each CPV individual to SSA. On an overnight basis, SSA will provide a "quarters of coverage" history for each individual and applicable family member requested. If SSA's existing records do not support the individual's claim of sufficient quarters of coverage, SSA will assist the individual to determine if such quarters can be established. Individuals in this situation shall be advised of this option and be notified that they can be allowed to participate for up to an additional six months (or such time that SSA provides a final determination, whichever is earlier), provided that SSA indicates that it is attempting to clarify their records. The individual will be required to provide a document from SSA indicating that the number of quarters is under review. SSA is developing a document to meet this requirement.

If SSA cannot establish additional earnings and determines that the individual does not have sufficient qualifying quarters of coverage, the CWD shall terminate the individual's eligibility and establish an Inadvertent Household Error claim for any resultant overissuance. If it can be established that the individual knowingly provided false information, an Intentional Program Violation claim should be pursued.

If you have any questions or require further information, please contact David Badal of the Food Stamp Program Bureau at (916) 654-1405.

A handwritten signature in cursive script that reads "Bruce Wagstaff".

BRUCE WAGSTAFF
Deputy Director
Welfare Programs Division

Attachments

ESTABLISHING QUARTERS

The term "quarter" means the 3 calendar month periods ending with March 31, June 30, September 30 and December 31 of any year.

Social Security credits (formerly called "quarters of coverage") are earned by working at a job or as a self employed individual.

For 1978 and later, credits are based solely on the total yearly amount of earnings. All types of earnings follow this rule. The amount of earnings needed to earn a credit increases and is different for each year. For 1978 through 1996, the amount of earnings needed for each credit is:

1978 .. \$250	1988 .. \$470
1979 .. \$260	1989 .. \$500
1980 .. \$290	1990 .. \$520
1981 .. \$310	1991 .. \$540
1982 .. \$340	1992 .. \$570
1983 .. \$370	1993 .. \$590
1984 .. \$390	1994 .. \$620
1985 .. \$410	1995 .. \$630
1986 .. \$440	1996 .. \$640
1987 .. \$460	

A current year quarter may be included in the 40 quarter computation.
Use the current year amount as the divisor to determine the number of
quarters available. DO NOT CREDIT CALENDAR QUARTERS THAT HAVE NOT ENDED.

If you need to use quarters before 18 years ago:

- A credit was earned for each calendar quarter in which an individual was paid \$50 or more in wages (including agricultural wages for 1951-1955);
- Four credits were earned for each taxable year in which an individual's net earnings from self-employment were \$400 or more; and/or
- A credit was earned for each \$100 (limited to a total of 4) of agricultural wages paid during the year for years 1955 through 1977.

Social Security Administration

Consent for Release of Information

TO: Social Security Administration

_____	_____	_____
Name	Date of Birth	Social Security Number

I authorize the Social Security Administration to release information or records about me to:

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____

I want this information released because:

(There may be a charge for releasing information.)

Please release the following information:

☐ Social Security Number
☐ Identifying information (includes date and place of birth, parents' names)
☐ Monthly Social Security benefit amount
☐ Monthly Supplemental Security Income payment amount
☐ Information about benefits/payments I received from _____ to _____
☐ Information about my Medicare claim/coverage from _____ to _____
 (specify) _____
☐ Medical records
☐ Record(s) from my file (specify) _____

☐ Other (specify) _____

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: _____

(Show signatures, names, and addresses of two people if signed by mark.)

Date: _____ Relationship: _____